



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 11/30/04

Time Start _____

Time Finish _____

HAZARDOUS WASTE INSPECTION REPORT



GENERATOR



S Q GENERATOR

Company name Alex C. Fergusson, Inc. (AFCO) I.D. Number PAD002268456Site Address 25 Spring Mill Drive, Frazer PACounty Chester Municipality Charlestown Township Zip 19355Name of Inspector Melissa MenkevichName & Title of Responsible Official Dave Zmijewski - ChemistPerson Interviewed same as above Telephone (610) 647-3300

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: > 2200 Pounds _____ Kgs _____

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name Horwith Trucks, Inc. License Number PA-AH 0176Transporter Name SJ Transportation License Number NJD071629976

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D002	Waste Corrosive Liquid, basic, inorganic (contains sodium hydroxide and potassium hydroxide)	Michigan Disposal Waste Treatment Plant, MID0000724831
D001	Corrosive solids (contains sodium percarbonate and sodium perborate tetrahydrate)	Michigan Disposal
D002	RQ waste corrosive liquids (hydrofluoric, sulfuric, phosphoric, nitric)	Michigan Disposal
D002	Waste corrosive liquid, basic, inorganic (contains potassium hydroxide)	El DuPont de Nemours, Co. (NJD002385730)
D001, F003	Waste flammable liquids (contains acetone and xylene)	EQ Resource Recovery (MID060975844)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Alex C. Fergusson, Inc. (AFCO) ID Number PAD002268456 Date 11/30/04

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name Alex C. Fergusson, Inc. (AFCO) ID Number PAD002268456 Date 11/30/04

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection ID _____

Field Code _____

INSPECTION REPORT – RESIDUAL WASTE DISPOSAL / PROCESSING FACILITIES - PERMIT BY RULE

Site I.D.: PAD002268456 _____

Site Name: AFCO _____

Address: 25 Spring Mill Drive, Frazer, PA 19355 _____

Telephone #: 610-647-3300 _____

Operator Name: _____

Address: _____

Municipality: Charlestown Township _____

Responsible Official: Mr. Dave Zmijewski _____

Person Interviewed: _____

Inspector: Melissa Menkevich _____

eFACTS ID #: PF _____ SF _____

County: Chester _____

Title: Chemist _____

Title: _____

Title: Waste Management Specialist _____

Inspection Date: 11/30/04 Type: routine No. of Violations: 0 Time: _____

Days/Week Operated: 24/7 _____

1. Type of Process: pH adjustment (neutralization) _____

2. Amount of Residual Waste Processed: approximately 200,000 gallons/month _____

3. Types of Residual Waste Processed: Dilute acid and alkaline wastewater from plant floor and equipment washings _____

1 - No Violation Observed 2 - Not-Applicable 3 - Not-Determined 4 - Non-Compliance

STATUS				REQUIREMENT	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility complies with Chapter 299 (storage/transportation requirements) except as provided in subsections (b)(7) and (c)(3).	<input type="checkbox"/>	287.102(a)(2)(i)	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility has necessary permits under applicable environmental protection acts and is operating in compliance.	<input type="checkbox"/>	287.102(a)(2)(ii)	2
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A copy of the Preparedness, Prevention, and Contingency (PPC) Plan that is consistent with the Department's most recent Guidelines for the Development and Implementation of PPC Plans and is readily accessible.	<input type="checkbox"/>	287.102(a)(3)(i)	3
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily records of weight or volume of waste processed maintained.	<input type="checkbox"/>	287.102(a)(3)(ii)	4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Method and location of processing or disposal facilities for wastes recorded.	<input type="checkbox"/>	287.102(a)(3)(ii)	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste handling problems or emergencies recorded.	<input type="checkbox"/>	287.102(a)(3)(ii)	6
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility in compliance with the conditions of the permit by rule.	<input type="checkbox"/>	287.102(a)(6)	7
				CAPTIVE PROCESSING FACILITY			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility meets general qualifying requirements.	<input type="checkbox"/>	287.102(a)	8
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wastes generated solely by the operator and the following conditions are met:	<input type="checkbox"/>	287.102(b)	9
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remaining waste is managed under the act and the Department's regulations.	<input type="checkbox"/>	287.102(b)(1)	10

Site Name AFCD
 ID Number PAD002268456
 Date 11/30/04

INSPECTION REPORT – RESIDUAL WASTE DISPOSAL / PROCESSING FACILITIES - PERMIT BY RULE (CONT'D)

1 - No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS				REQUIREMENTS	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4				
				CAPTIVE PROCESSING FACILITY (Cont'd)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processing does not have an adverse effect on the public or the environment.	<input type="checkbox"/>	287.102(b)(2)	11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processing occurs at the facility where all or some of the waste is generated.	<input type="checkbox"/>	287.102(b)(3)	12
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator performs and maintains analyses required by Ch. 287.131-287.133.	<input type="checkbox"/>	287.102(b)(4)	13
				If the waste is burned, it meets the following:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Waste is burned in an enclosed device using controlled flame combustion and is directed through a flue as defined in §121.1.	<input type="checkbox"/>	287.102(b)(5)(i)	14
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Waste has more than 5000 BTUs per pound.	<input type="checkbox"/>	287.102(b)(5)(ii)	15
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Combustion unit recovers at least 50% of the energy contained in the waste.	<input type="checkbox"/>	287.102(b)(5)(iii)	16
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Amount of energy recovered exceeds the amount of energy used.	<input type="checkbox"/>	287.102(b)(5)(iv)	17
				If the processing is part of a wastewater treatment process:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ The facility discharges to a stream under an NPDES permit.	<input type="checkbox"/>	287.102(b)(6)(i)	18
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ The facility discharges to a POTW and is in compliance with applicable pretreatment standards.	<input type="checkbox"/>	287.102(b)(6)(ii)	19
				If wastewater treatment process includes storage impoundments not in compliance with Chapter 299 the following shall be met:		287.102(b)(7)	20
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ A Water Quality monitoring plan submitted to DEP for review and approval by July 25, 1997, DEP may waive monitoring requirements on a case by case basis.	<input type="checkbox"/>	287.102(b)(7)(i)	21
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Water Quality Monitoring plan shall be implemented within 6 months of DEP approval unless a longer period is provided. Water Quality Monitoring plan shall be implemented by July 4, 2002.	<input type="checkbox"/>	287.102(b)(7)(ii)	22
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ If groundwater degradation is found that can be reasonably attributed to storage impoundment, operator shall comply with one of the following:	<input type="checkbox"/>	287.102(b)(7)(iii)	23
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	– within 6 months of DEP determination that degradation exists, operator shall file a closure plan and closure schedule. After approval of plan and schedule operator shall implement both as approved.	<input type="checkbox"/>	287.102(b)(7)(iii)A	24
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	– within 6 months of DEP determination that degradation exists, operator shall submit schedule to upgrade and operate impoundment under Chapter 299, schedule to upgrade and operate the impoundment under Chapter 299 may not exceed 5 years.	<input type="checkbox"/>	287.102(b)(7)(iii)B	25
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ The operator submits a written notice to DEP including name, address and telephone number of the facility, the individual responsible for operating the facility and a brief description of the facility.	<input type="checkbox"/>	287.102(b)(8)	26
				WASTEWATER TREATMENT FACILITY			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility meets general qualifying requirements.	<input type="checkbox"/>	287.102(a)	27
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator performs and maintains analyses required by Ch. 287.131-287.134.	<input type="checkbox"/>	287.102(c)(1)	28
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The processing is solely part of an industrial or other wastewater treatment process permitted by DEP and one of the following apply:	<input type="checkbox"/>	287.102(c)(2)	29
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility discharges to a stream under an NPDES permit.	<input type="checkbox"/>	287.102(c)(2)(i)	30
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility discharges to a POTW and is in compliance with applicable pretreatment standards.	<input type="checkbox"/>	287.102(c)(2)(ii)	31
				If a wastewater treatment process includes the used storage impoundments that are not in compliance with Chapter 299, the following shall be met:	<input type="checkbox"/>		32
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Water Quality Monitoring Plans shall be submitted to DEP for review and approval by July 25, 1997, DEP may waive monitoring requirements on a case by case basis.	<input type="checkbox"/>	287.102(c)(3)i	33

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling & Waste Management

Inspection Report Comments

Date of Inspection November 30, 2004 Identification Number PAD002268456

Company/Facility/Site Alex C. Fergusson, Inc. (AFCO)

A routine inspection of the hazardous and residual waste handling methods and residual waste Permit-By-Rule operation at Alex C. Fergusson, Inc. (AFCO), located in Charlestown Township, Chester County, was conducted on November 30, 2004 by Melissa Menkevich, Waste Management Specialist, accompanied by Jennifer Wilson, Geologic Specialist, of the Department. Mr. Dave Zmijewski, Chemist, was present for AFCO.

AFCO is a manufacturer of acid and alkaline detergent and sanitizer products, which are utilized primarily in the food industries. Mr. Zmijewski explained that AFCO is planning to move its location to Chambersburg, PA. It is estimated that AFCO will no longer be in its current location in about 6 months. AFCO should subsequently notify the Department of any change in generator status using the "Notification of Regulated Waste Activity" form. AFCO should also obtain a new generator number when it moves to its new location.

A walk-around tour of the facility was lead by Mr. Zmijewski, followed by a paperwork compliance review. The general warehouse area was observed, as well as the hazardous waste storage area. Three partially filled plastic drums were filled with hazardous waste. These drums were marked with the word "waste" and had their original placards, but all hazardous waste drums should be properly labeled with the words "hazardous waste" and dated when in storage. Weekly inspection checklists for the hazardous waste storage area were kept on a clipboard in the storage area, but the most recent checklist was completed on 6/03/04. Hazardous waste storage area checklists are to be completed on a weekly basis, regardless of whether or not waste is present. Mr. Zmijewski claimed that the checklists would be kept complete and up-to-date.

Outside, in the front lawn of the facility, the underground residual waste storage tank area was observed. Floor drains in the manufacturing area lead to these tanks. Waste water from equipment washings flow into these drains. Thewastewater is monitored daily for volume and pH, adjusted for pH, and discharged to the local Valley Forge Sewer Authority POTW. Mr. Zmijewski estimated that 200,000 gallons are discharged each month. The discharge testing records for the VFSA were reviewed.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Jim Engel Date 11/30/04

Inspector (signature) Melissa Menkevich Date 11/30/04

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling & Waste Management

Inspection Report CommentsDate of Inspection November 30, 2004 Identification Number PAD002268456Company/Facility/Site Alex C. Fergusson, Inc. (AFCO)

Hazardous waste manifests were reviewed. The last shipment was from 10/15/04.

AFCO's last employee training session was conducted on 3/25/03. A hazardous waste training review for employees should be conducted on an annual basis.

The facility's PPC plan was reviewed and last updated on 01/31/03.

AFCO's hazardous waste biennial report for 2003 was reviewed.

No other observations were noted at this time.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

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Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) *Don Engel*Date *11/30/04*Inspector (signature) *Melissa Porter*Date *11/30/04*



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 4/3/03Time Start 10:30 AMTime Finish 12:00 PM**HAZARDOUS WASTE INSPECTION REPORT****GENERATOR****S Q GENERATOR**Company name Alex C. Fergusson, Inc. (AFCO) I.D. Number PAD002268456Site Address 25 Spring Mill Drive, Frazer PACounty Chester Municipality Charlestown Township Zip 19355Name of Inspector Melissa MenkevichName & Title of Responsible Official Mark Weiss, Technical Director; Doug Graham, Operations ManagerPerson Interviewed same as above Telephone (610) 647-3300

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: > 2200 Pounds _____ Kgs _____**1. Site Characterization:**STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:Transporter Name Horwith Trucks, Inc. License Number PA-AH 0176

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D002	Waste Corrosive Liquid (contains sodium hydroxide and potassium hydroxide)	Michigan Disposal Waste Treatment Plant, MID0000724831
D002	RQ Corrosive liquid, acidic, inorganic (contains phosphoric acid and iodine)	Michigan Disposal
D002	RQ waste corrosive liquids (hydrofluoric, sulfuric, phosphoric, nitric)	Michigan Disposal

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Alex C. Fergusson, Inc. (AFCO) ID Number PAD002268456 Date 4/3/03

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name Alex C. Fergusson, Inc. (AFCO) ID Number PAD002268456 Date 4/3/03

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection ID _____

Field Code _____

INSPECTION REPORT – RESIDUAL WASTE GENERATOR

Site I.D.: PAD002268456Site Name: Alex C. Fergusson, Inc. (AFCO)Address: 25 Spring Mill Drive, Frazer, PA 19355Telephone #: 610-647-3300

Operator Name: _____

Address: _____

Municipality: Charlestown TownshipCounty: ChesterResponsible Official: Mr. Mark HinkleTitle: President and CEOPerson Interviewed: Mr. Weiss and Mr. Doug GrahamTitle: Technical Director and Operations ManagerInspector: Melissa MenkevichTitle: Waste Management Specialist

eFACTS ID #: PF _____ SF _____

Inspection Date: 4 /03 / 2003 Type: follow-up/routine No. of Violations: 0 Time: 10:30 AMWaste Description: Dilute acid and alkaline detergent products
resulting from wash down of equipment and floorsWaste Code: R310Treatment: ☒ Yes ☐ No Type: pH adjustmentType of Storage: ☐ Containers ☒ Tanks ☐ Piles ☐ ImpoundmentsDisposition: Destination Facility Valley Forge Sewer Authority

Location: _____ Type: _____

Amount Generated: approx. 20,000 gallons/week lb./mo.

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

Site Name	AFCO
ID Number	PAD002268456
Date	4/3/2003

INSPECTION REPORT – RESIDUAL WASTE GENERATOR (Cont'd)

1 - No Violation Observed 2 - Not-Applicable 3 - Not-Determined 4 - Non-Compliance

[illegible]



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection ID _____

Field Code _____

INSPECTION REPORT – RESIDUAL WASTE DISPOSAL / PROCESSING FACILITIES - PERMIT BY RULE

Site I.D.: PAD002268456Site Name: AFCOAddress: 25 Spring Mill Drive, Frazer, PA 19355Municipality: Charlestown TownshipResponsible Official: Mr. Mike HinklePerson Interviewed: Mr. Mark Weiss and Mr. Doug GrahamInspector: Melissa MenkevicheFACTS ID #: PF _____ SF _____Inspection Date: 04 / 03 / 03 Type: follow-up/routine No. of Violations: 0 Time: 10:30Days/Week Operated: 24/7Telephone #: 610-647-3300

Operator Name: _____

Address: _____

County: ChesterTitle: President and CEOTitle: Technical Director and Operations ManagerTitle: Waste Management Specialist1. Type of Process: pH adjustment (neutralization)2. Amount of Residual Waste Processed: approximately 20,000 gallons/week3. Types of Residual Waste Processed: Dilute acid and alkaline wastewater from plant floor and equipment washings

1 - No Violation Observed 2 - Not-Applicable 3 - Not-Determined 4 - Non-Compliance

STATUS				REQUIREMENT	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility complies with Chapter 299 (storage/transportation requirements) except as provided in subsections (b)(7) and (c)(3).	<input type="checkbox"/>	287.102(a)(2)(i)	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility has necessary permits under applicable environmental protection acts and is operating in compliance.	<input type="checkbox"/>	287.102(a)(2)(ii)	2
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A copy of the Preparedness, Prevention, and Contingency (PPC) Plan that is consistent with the Department's most recent Guidelines for the Development and Implementation of PPC Plans and is readily accessible.	<input type="checkbox"/>	287.102(a)(3)(i)	3
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily records of weight or volume of waste processed maintained.	<input type="checkbox"/>	287.102(a)(3)(ii)	4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Method and location of processing or disposal facilities for wastes recorded.	<input type="checkbox"/>	287.102(a)(3)(ii)	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste handling problems or emergencies recorded.	<input type="checkbox"/>	287.102(a)(3)(ii)	6
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility in compliance with the conditions of the permit by rule.	<input type="checkbox"/>	287.102(a)(6)	7
				CAPTIVE PROCESSING FACILITY			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility meets general qualifying requirements.	<input type="checkbox"/>	287.102(a)	8
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wastes generated solely by the operator and the following conditions are met:	<input type="checkbox"/>	287.102(b)	9
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remaining waste is managed under the act and the Department's regulations.	<input type="checkbox"/>	287.102(b)(1)	10

Site Name _____
 ID Number _____
 Date _____

INSPECTION REPORT – RESIDUAL WASTE DISPOSAL / PROCESSING FACILITIES - PERMIT BY RULE (CONT'D)

1 - No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS				REQUIREMENTS	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4				
				CAPTIVE PROCESSING FACILITY (Cont'd)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processing does not have an adverse effect on the public or the environment.	<input type="checkbox"/>	287.102(b)(2)	11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processing occurs at the facility where all or some of the waste is generated.	<input type="checkbox"/>	287.102(b)(3)	12
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator performs and maintains analyses required by Ch. 287.131-287.133.	<input type="checkbox"/>	287.102(b)(4)	13
				If the waste is burned, it meets the following:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Waste is burned in an enclosed device using controlled flame combustion and is directed through a flue as defined in §121.1.	<input type="checkbox"/>	287.102(b)(5)(i)	14
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Waste has more than 5000 BTUs per pound.	<input type="checkbox"/>	287.102(b)(5)(ii)	15
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Combustion unit recovers at least 50% of the energy contained in the waste.	<input type="checkbox"/>	287.102(b)(5)(iii)	16
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Amount of energy recovered exceeds the amount of energy used.	<input type="checkbox"/>	287.102(b)(5)(iv)	17
				If the processing is part of a wastewater treatment process:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ The facility discharges to a stream under an NPDES permit.	<input type="checkbox"/>	287.102(b)(6)(i)	18
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ The facility discharges to a POTW and is in compliance with applicable pretreatment standards.	<input type="checkbox"/>	287.102(b)(6)(ii)	19
				If wastewater treatment process includes storage impoundments not in compliance with Chapter 299 the following shall be met:		287.102(b)(7)	20
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ A Water Quality monitoring plan submitted to DEP for review and approval by July 25, 1997, DEP may waive monitoring requirements on a case by case basis.	<input type="checkbox"/>	287.102(b)(7)(i)	21
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Water Quality Monitoring plan shall be implemented within 6 months of DEP approval unless a longer period is provided. Water Quality Monitoring plan shall be implemented by July 4, 2002.	<input type="checkbox"/>	287.102(b)(7)(ii)	22
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ If groundwater degradation is found that can be reasonably attributed to storage impoundment, operator shall comply with one of the following:	<input type="checkbox"/>	287.102(b)(7)(iii)	23
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	– within 6 months of DEP determination that degradation exists, operator shall file a closure plan and closure schedule. After approval of plan and schedule operator shall implement both as approved.	<input type="checkbox"/>	287.102(b)(7)(iii)A	24
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	– within 6 months of DEP determination that degradation exists, operator shall submit schedule to upgrade and operate impoundment under Chapter 299, schedule to upgrade and operate the impoundment under Chapter 299 may not exceed 5 years.	<input type="checkbox"/>	287.102(b)(7)(iii)B	25
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ The operator submits a written notice to DEP including name, address and telephone number of the facility, the individual responsible for operating the facility and a brief description of the facility.	<input type="checkbox"/>	287.102(b)(8)	26
				WASTEWATER TREATMENT FACILITY			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility meets general qualifying requirements.	<input type="checkbox"/>	287.102(a)	27
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator performs and maintains analyses required by Ch. 287.131-287.134.	<input type="checkbox"/>	287.102(c)(1)	28
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The processing is solely part of an industrial or other wastewater treatment process permitted by DEP and one of the following apply:	<input type="checkbox"/>	287.102(c)(2)	29
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility discharges to a stream under an NPDES permit.	<input type="checkbox"/>	287.102(c)(2)(i)	30
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility discharges to a POTW and is in compliance with applicable pretreatment standards.	<input type="checkbox"/>	287.102(c)(2)(ii)	31
				If a wastewater treatment process includes the used storage impoundments that are not in compliance with Chapter 299, the following shall be met:	<input type="checkbox"/>		32
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Water Quality Monitoring Plans shall be submitted to DEP for review and approval by July 25, 1997, DEP may waive monitoring requirements on a case by case basis.	<input type="checkbox"/>	287.102(c)(3)i	33

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling & Waste Management

Inspection Report Comments

Date of Inspection April 3, 2003 Identification Number PAD002268456

Company/Facility/Site Alex C. Fergusson, Inc. (AFCO)

A follow-up inspection of the hazardous and residual waste handling methods and residual waste Permit-By-Rule operation at Alex C. Fergusson, Inc. (AFCO), located in Charlestown Township, Chester County, was conducted on April 3, 2003 by Melissa Menkevich, accompanied by Andrew Sinclair, Waste Management Specialists, of the Department. Mr. Mark Weiss, Technical Director, and Mr. Doug Graham, Operations Manager, were present for AFCO.

AFCO is a manufacturer of acid and alkaline detergent and sanitizer products, which are utilized primary in the food industries. A walk-around tour of the facility was lead by Mr. Weiss and Mr. Graham, followed by a paperwork compliance review. Since the Department's last inspection of 11/25/02, AFCO has worked diligently to "clean house" and to come into compliance.

The general warehouse area was observed, as well as the hazardous waste storage area. The hazardous waste storage area was well labeled and well contained, not only with pallet containment for individual storage containers, but also with a trench drain system for the whole area, which leads to the residual waste storage tanks outside. This proper containment and collection system corrects the previously cited violations of PA Code 265a.179 and PA Code 265a.175. One acid waste storage tote was present in the hazardous waste storage area during the inspection, labeled with its contents and dated 3/24/03. Having storage of hazardous waste not exceed ninety days corrects the violation of 40 CFR 262.34(a), and having the hazardous waste storage containers properly labeled with their contents, the words "hazardous waste," and their accumulation date visible for inspection corrects the violations of 40 CFR 262.34(a)(2), 40 CFR 262.34(a)(3), and the Solid Waste Management Act (SWMA) 6018.403(b)(2). Weekly inspection checklists for the hazardous waste storage area were also kept on a clipboard in the storage area, correcting the violation of 40 CFR 265.174. It is recommended that the checklists have an area for inspector comments, and a clear way to designate if any corrective actions are to be taken.

Outside, in the front lawn of the facility, the underground residual waste storage tank area was observed. Floor drains in the manufacturing area lead to these tanks, where the wastewater is monitored daily for volume and pH, adjusted for pH, and discharged to the local Delaware Valley Sewer Authority

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Marked to facility Date _____

Inspector (signature) Melissa Menkevich Date 4/16/03

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling & Waste Management

Inspection Report CommentsDate of Inspection April 3, 2003 Identification Number PAD002268456Company/Facility/Site Alex C. Fergusson, Inc. (AFCO)

POTW. Mr. Graham explained that AFCO has ten 5,000-gallon capacity tanks, that the tanks are pumped out about every 2 or 3 days, and that a normal pumping would consist of about 9,000 gallons. Mr. Graham claimed that AFCO plans to perhaps construct a fence around the tank area, and that a "Residual Waste - Waste Water" sign would be placed on the fence in order to comply with residual waste tank labeling requirements. AFCO has notified the Department in writing of their wastewater neutralization Permit-by-Rule activity, through a letter dated February 3, 2003, correcting the violation of PA Code 287.102(b)(8). Inspection record keeping requirements for the facility and residual waste operation/storage area were in compliance and should be maintained, correcting the violation of PA Code 299.122(c).

A paperwork review was conducted. Manifests were reviewed. Four hazardous waste shipments occurred in January, all of large quantity due to a "cleaning house" and disposal of old, unusable product. The last shipment was from 2/26/03. All manifests were completed properly and in compliance.

AFCO's hazardous waste employee training records were reviewed and were found to be in compliance. An employee training session was conducted on 3/25/03, correcting the violation of 40 CFR 265.16.

The facility's PPC plan was reviewed and last updated on 01/31/03. All relevant personnel changes had been updated, and proper emergency coordinators designated.

Form 25R (Source Reduction Strategy) had been completed for both hazardous and residual waste and were in compliance, correcting the violations of PA Code 262a.100 and PA Code 287.53, respectively.

AFCO's hazardous waste biennial report for 2001 was reviewed, as well as AFCO's residual waste biennial reports for 2000 and 2002, correcting the violation of PA Code 287.52 and PA Code 287.54.

No violations were noted. The Department encourages AFCO to maintain its high level of compliance.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) mailed to facility Date _____Inspector (signature) Melissa Markewich Date 4/16/03



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 11/25/02Time Start 12:45 PMTime Finish 1:00 PM
11/26/02 3PM

HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR☐ S Q GENERATORCompany name AFCO Alex C. Fergusson, Inc. I.D. Number PAD002268456Site Address 25 Spring Mill Dr. Fraser PACounty Chester Municipality Charlestown Twp Zip 19355Name of Inspector Andrew Sinclair ; Melissa MankovichName & Title of Responsible Official Mr. Ken West ~~Mike Hinkle, Pres. PE~~Person Interviewed SAA Dave Zmijewski, Mark Weiss Telephone (610) 647-3300

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: 72200 Pounds _____ Kgs _____

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name Herwith Trucks, Inc. License Number PA AH 0176

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D002	Wet Corrosive Liquid (sodium hydroxide, potassium hydroxide)	Michigan Disposal Waste Treatment Plant
D002	Wet Corrosive (phosphoric acid, etc.)	MID000724831
D001, F001, F003	Rpt. Wet Flammable Liquids (acetone, xylene)	EQ Resource Recovery, Inc.
	Corrosive Solid (sodium metasilicate)	MID060975844
		MDWTF

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name AFCO ID Number PA15002268456 Date 11/25/02

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>				Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>				Authorized transporters only	262a.10	262.12(c)	H003
		<input checked="" type="checkbox"/>		Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>				Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>				Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>				Manifests signed and routed properly	262a.23(a)	262.23	H007
			<input checked="" type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	<input checked="" type="checkbox"/>			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	<input checked="" type="checkbox"/>			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
	<input checked="" type="checkbox"/>			Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
			<input checked="" type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
		<input checked="" type="checkbox"/>		Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
		<input checked="" type="checkbox"/>		Specified records retained for three years	262a.10	262.40(c)	H014
<input checked="" type="checkbox"/>				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>				Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>				Spill reporting procedures followed	262a.10	262.34(d)	H017
		<input checked="" type="checkbox"/>		PPC plan developed and implemented	262a.10	262.34(a)	H018
	<input checked="" type="checkbox"/>			Special requirements followed for international shipments	262a.10	262.50 262.60	H019
			<input checked="" type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name AFCO ID Number PAD002268456 Date 11/25/02

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
			X	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
		X		Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
		X		Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
		X		Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
		X		Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
		X		Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection ID _____

Field Code _____

INSPECTION REPORT – RESIDUAL WASTE GENERATOR

Site I.D.: PA17002268456Telephone #: 610-647-3300Site Name: LECO Alex C. Ferguson, Inc.

Operator Name: _____

Address: 25 Spring Mill Dr

Address: _____

Exeter PA 19345Municipality: Charlottesville TwpCounty: CharterResponsible Official: Mr. Mike HinkleTitle: President/CEOPerson Interviewed: Mr. Ken West, Mr. L. J. Jones, David Ziegler

Title: _____

Inspector: Andrew Stachurski

Title: _____

eFACTS ID #: PF _____ SF _____

Inspection Date: 11/25/02 Type: _____ No. of Violations: _____ Time: _____

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.

Waste Description: _____ Waste Code: _____

Treatment: ☐ Yes ☐ No Type: _____Type of Storage: ☐ Containers ☐ Tanks ☐ Piles ☐ Impoundments

Disposition: Destination Facility _____

Location: _____ Type: _____

Amount Generated: _____ lb./mo.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection ID _____

Field Code _____

**INSPECTION REPORT – RESIDUAL WASTE DISPOSAL /
PROCESSING FACILITIES - PERMIT BY RULE**

Site I.D.: PA0002268456Site Name: AFCOAddress: 25 Spring Mill DrErwin PA 19355Municipality: Charlottesville TwpResponsible Official: Mr. Mike NobilePerson Interviewed: JoeInspector: Andrew D. Suckale

eFACTS ID #: PF _____ SF _____

Inspection Date: 11/25/2002 Type: _____Telephone #: 610-647-3800

Operator Name: _____

Address: _____

County: CharlottesvilleTitle: Permittee

Title: _____

Title: _____

No. of Violations: _____ Time: _____

Days/Week Operated: _____

1. Type of Process: pH adjustment (neutralization)2. Amount of Residual Waste Processed: AD/L3. Types of Residual Waste Processed: Wastewater from plant floor cleaning

1 - No Violation Observed 2 - Not-Applicable 3 - Not-Determined 4 - Non-Compliance

STATUS				REQUIREMENT	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facility complies with Chapter 299 (storage/transportation requirements) except as provided in subsections (b)(7) and (c)(3).	<input type="checkbox"/>	287.102(a)(2)(i)	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility has necessary permits under applicable environmental protection acts and is operating in compliance.	<input type="checkbox"/>	287.102(a)(2)(ii)	2
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A copy of the Preparedness, Prevention, and Contingency (PPC) Plan that is consistent with the Department's most recent Guidelines for the Development and Implementation of PPC Plans and is readily accessible.	<input type="checkbox"/>	287.102(a)(3)(i)	3
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily records of weight or volume of waste processed maintained.	<input type="checkbox"/>	287.102(a)(3)(ii)	4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Method and location of processing or disposal facilities for wastes recorded.	<input type="checkbox"/>	287.102(a)(3)(ii)	5
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste handling problems or emergencies recorded.	<input type="checkbox"/>	287.102(a)(3)(ii)	6
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facility in compliance with the conditions of the permit by rule.	<input type="checkbox"/>	287.102(a)(6)	7
CAPTIVE PROCESSING FACILITY							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility meets general qualifying requirements.	<input type="checkbox"/>	287.102(a)	8
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wastes generated solely by the operator and the following conditions are met:	<input type="checkbox"/>	287.102(b)	9
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remaining waste is managed under the act and the Department's regulations.	<input type="checkbox"/>	287.102(b)(1)	10

Site Name _____

ID Number _____

Date _____

INSPECTION REPORT – RESIDUAL WASTE DISPOSAL / PROCESSING FACILITIES - PERMIT BY RULE (CONT'D)

1 - No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS				REQUIREMENTS	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4				
				CAPTIVE PROCESSING FACILITY (Cont'd)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processing does not have an adverse effect on the public or the environment.	<input type="checkbox"/>	287.102(b)(2)	11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processing occurs at the facility where all or some of the waste is generated.	<input type="checkbox"/>	287.102(b)(3)	12
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Operator performs and maintains analyses required by Ch. 287.131-287.133.	<input type="checkbox"/>	287.102(b)(4)	13
				If the waste is burned, it meets the following:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Waste is burned in an enclosed device using controlled flame combustion and is directed through a flue as defined in §121.1.	<input type="checkbox"/>	287.102(b)(5)(i)	14
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Waste has more than 5000 BTUs per pound.	<input type="checkbox"/>	287.102(b)(5)(ii)	15
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Combustion unit recovers at least 50% of the energy contained in the waste.	<input type="checkbox"/>	287.102(b)(5)(iii)	16
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Amount of energy recovered exceeds the amount of energy used.	<input type="checkbox"/>	287.102(b)(5)(iv)	17
				If the processing is part of a wastewater treatment process:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ The facility discharges to a stream under an NPDES permit.	<input type="checkbox"/>	287.102(b)(6)(i)	18
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ The facility discharges to a POTW and is in compliance with applicable pretreatment standards.	<input type="checkbox"/>	287.102(b)(6)(ii)	19
				If wastewater treatment process includes storage impoundments not in compliance with Chapter 299 the following shall be met:		287.102(b)(7)	20
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ A Water Quality monitoring plan submitted to DEP for review and approval by July 25, 1997, DEP may waive monitoring requirements on a case by case basis.	<input type="checkbox"/>	287.102(b)(7)(i)	21
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Water Quality Monitoring plan shall be implemented within 6 months of DEP approval unless a longer period is provided. Water Quality Monitoring plan shall be implemented by July 4, 2002.	<input type="checkbox"/>	287.102(b)(7)(ii)	22
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ If groundwater degradation is found that can be reasonably attributed to storage impoundment, operator shall comply with one of the following:	<input type="checkbox"/>	287.102(b)(7)(iii)	23
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	– within 6 months of DEP determination that degradation exists, operator shall file a closure plan and closure schedule. After approval of plan and schedule operator shall implement both as approved.	<input type="checkbox"/>	287.102(b)(7)(iii)A	24
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	– within 6 months of DEP determination that degradation exists, operator shall submit schedule to upgrade and operate impoundment under Chapter 299, schedule to upgrade and operate the impoundment under Chapter 299 may not exceed 5 years.	<input type="checkbox"/>	287.102(b)(7)(iii)B	25
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	▪ The operator submits a written notice to DEP including name, address and telephone number of the facility, the individual responsible for operating the facility and a brief description of the facility.	<input type="checkbox"/>	287.102(b)(8)	26
				WASTEWATER TREATMENT FACILITY			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility meets general qualifying requirements.	<input type="checkbox"/>	287.102(a)	27
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator performs and maintains analyses required by Ch. 287.131-287.134.	<input type="checkbox"/>	287.102(c)(1)	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The processing is solely part of an industrial or other wastewater treatment process permitted by DEP and one of the following apply:	<input type="checkbox"/>	287.102(c)(2)	29
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility discharges to a stream under an NPDES permit.	<input type="checkbox"/>	287.102(c)(2)(i)	30
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility discharges to a POTW and is in compliance with applicable pretreatment standards.	<input type="checkbox"/>	287.102(c)(2)(ii)	31
				If a wastewater treatment process includes the used storage impoundments that are not in compliance with Chapter 299, the following shall be met:	<input type="checkbox"/>		32
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Water Quality Monitoring Plans shall be submitted to DEP for review and approval by July 25, 1997, DEP may waive monitoring requirements on a case by case basis.	<input type="checkbox"/>	287.102(c)(3)i	33

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 11 - 25 - 2002 Identification Number PAD002268458Company/Facility/Site Name AFCO - Alex C Fergusson, Inc

On November 25, 2002, Ms. Melissa Menkevich and I (Andrew Sinclair) conducted a routine large quantity generator of hazardous waste inspection of Alex C. Fergusson, Inc located at 25 Spring Mill Dr. Frazer, PA 19355 in Charlestown Township, Chester County. Mr. Ken West, Mark Weiss, and Mr. Dave Zmijewski were present during the inspection. Alex C. Fergusson, Inc. is a manufacturer of industrial cleaners. Raw materials are dry or liquid blended into various products. The inspection is also in response to a recent incident of a spill of DDBSA that had sprayed a driver of the raw material on-site. The spilled material was contained on a cement lot at the rear of the facility.

After review of manifests for 2001 and 2002, it has been determined that Alex C. Fergusson is a large quantity generator of hazardous waste. The facility had submitted a notification to the Department on February 21, 2002 with the 2001 hazardous waste biennial report, however, no indication on the databases or copies of recent notifications indicate that a notification had been received. The facility should ensure that the information was received. Hazardous wastes generated are off-spec material from the blending processes that cannot be re-worked into various products. The majorities of the hazardous wastes are characteristic for corrosivity and include corrosive liquids of sodium hydroxide, potassium hydroxide, phosphoric acid, and nitric acids and corrosive solids of sodium hydroxide and sodium metasilicate.

Compatible mixtures of hazardous wastes are accumulated in totes and stored within the warehouse/manufacturing area. Typically, the hazardous waste is stored for approximately six months. Twelve full 275-gallon totes were observed. Mr. West stated that the last shipment had occurred in October and that approximately six totes were left behind since the remainder of the waste would not fill the truck. The transporter visibly labeled two totes the day of the previous shipment, 10-15-02. The volume of waste generated since that time indicates that the facility is a large quantity generator of hazardous waste. According to discussions with Mr. West, hazardous waste has been stored for up to six months, thus greater than ninety-day storage. Exceeding ninety-day storage is **contrary to 40 CFR 262.34(a)**. Of the twelve totes of hazardous waste, only two were properly labeled. The remaining hazardous waste containers had not been clearly marked with the accumulation date and visible for inspection, labeled as "Hazardous Waste", or labeled accurately to identify the contents **contrary to 40 CFR 262.34(a)(2), 40 CFR 262.34(a)(3), and the Solid Waste Management Act (SWMA) 6018.403(b)(2)**.

At the time of the inspection, the facility was unable to demonstrate that the proper containment and collection systems are in place **contrary to PA Code 265a.179 and PA Code 265a.175**. There is no separate secondary containment for the hazardous waste storage area; however, it may be possible that the facility may provide containment in its entirety. The facility's interior drains lead to a series of underground tanks in which floor wash wastewater is stored, tested, treated (pH adjusted), and then discharged to the POTW via a manual valve. If the facility can demonstrate that there are no cracks and gaps in the flooring, materials that spilled waste may contact are compatible, and that proper drainage leads to sufficient storage capacity of the tank system is available at any time to ensure proper containment for the storage of waste.

The six fiber drums of waste DDBSA contaminated "stay-dry" and one steel drum of waste DDBSA liquid should be properly labeled and closed. One of the six drums of waste stay-dry contained free liquid waste DDBSA, more stay-dry is intended to be added prior to shipment. The liquid DDBSA was vacuumed from the ground during the spill cleanup of the November 7, 2002 dodecylbenzenesulphonic acid spill. The spill occurred as a result of operator error by the hauler of the material. Some remaining stay-dry remains on the surface of the cement and should be removed and properly disposed. Discolorations of the cement surface are visible from the spill. Mr. West stated that a floor scrubber commonly used within the facility would be used to remove any residual spilled material remaining. No spilled material reached the soil or surface water drainage areas. There is a containment tank for the outside lot that had been installed after a 1996 spill of sodium hydroxide during a truck loading. The pH of surface water collected from the drainage of the lot is tested prior to manual discharge of the rainwater off-site. Mr. West stated that the spill cleanup wastes would be disposed this week or by

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Mark A. WeissDate 11/26/02Inspector (signature) Andrew L. SinclairDate 11/26/02

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 11 - 25 - 2002 Identification Number PAD002268458Company/Facility/Site Name AFCO - Alex C Fergusson, Inc

the following Thursday of next week.

Records have not been maintained indicating weekly inspections of hazardous waste storage areas **contrary to 40 CFR 265.174**.

No personnel training or annual review, per 40 CFR 265.16, was provided for employees that manage hazardous waste or respond to incidents **contrary to 40 CFR 265.16**. Such records should be maintained.

The facility's PPC plan was last updated in September 2001. Some personnel changes have occurred and some paragraphs were within the plan were outdated such as the indication that no hazardous wastes are stored on-site. The PPC should be updated; the Department's waste guidelines were provided, however, the facility should incorporate the information in other possible similar documents required by other regulatory bureaus such as water quality or the requirements by the POTW.

A hazardous waste source reduction strategy has not been prepared and available **contrary to PA Code 262a.100**. Mr. Hinkle, President and CEO, stated that the facility would review potential method of reducing the wastes generated on-site. Generally, the facility attempts to utilize off-spec material in other products or sell materials not to be used on-site to other companies. As a large quantity generator of hazardous waste, a source reduction strategy should be maintained and updated every five years. Forms 25R may be accessed via the internet as forms for a source reduction strategy.

According the facility, EWMI (Environmental Waste Minimumization, Inc.) generally manages the hazardous waste streams. Typically, Horwith Trucks, Inc (PAD146714878) transports the hazardous waste corrosives to Michigan Disposal Waste Treatment Plant in Belleville, MI and the ignitable hazardous waste to EQ Resource Recovery, Inc. in Romulus, MI. The facility should ensure that the waste codes indicated on the manifests are accurate. Manifests should be retained for three years

AFCO is additionally a large quantity generator of residual waste per review of the volumes of discharged waste wash water to the POTW. The facility was not aware of the Department's residual waste regulations; a hard copy of the regulations was provided. According to Mr. Zmijewski, Chemist, the pH of the wastewater collected within the underground storage tanks as noted earlier is typically between ten and eleven. As a large quantity generator of residual waste, a biennial report and annual analysis or certification of waste has not been submitted to the Department **contrary PA Code 287.52 and PA Code 287.54**. A source reduction strategy for residual wastes was not on file **contrary to PA Code 287.53**. Residual waste storage areas have not been routinely inspected and documented **contrary to PA Code 299.122(c)**. The facility should ensure that residual waste storage tanks meet the design standards *per PA Code 299.122*.

The facility processes the residual wastewater prior to discharge to the POTW, Valley Forge Sewer Authority. Ten underground tanks and a clarifier are used. The pH is adjusted. The volume of wastewater after processing is metered and charted. The tanks had recently been emptied in inspected, however, this was not documented. The facility should ensure that proper records are maintained such analyses, routine maintenance, and treatment records. The facility may process the waste as long as it meets the requirements of the captive processing permit-by-rule. AFCO has not submitted a written notice to the Department **contrary to PA Code 287.102(b)(8)**.

Within fourteen (14) days of the receipt of this report, AFCO (Alex C Fergusson, Inc) should submit to the Department a schedule and plan detailing what actions the facility intends to take to correct and prevent the violations noted.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Mark A. WiersDate 11/26/02Inspector (signature) Charles C. SinclairDate 11/26/02

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

RECEIVED
RCRA SECTION
EPA REGION II

Nov 14 800008

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
FPAD000226845631	A	8/01/14

I. NAME OF INSTALLATION

Ferguson, Alex C.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 SPRING MILL DR

CITY OR TOWN

4 FRAZER

ST.

ZIP CODE

PA 19355

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME SPRING MILL DR

CITY OR TOWN

6 Frazer

ST.

ZIP CODE

PA 19355

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 SCHWARZ CHARLES W VP

215-687-3300

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

A. GENERATION

TREAT/STORE/DISPOSE

B. TRANSPORTATION (complete item VII)

D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

5	W	P	A	D	0	0	2	2	6	8	4	5	6	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)


☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) C. W. SCHWARTZ VP	DATE SIGNED 11/18/80
--	--	-------------------------



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

February 6, 1981
Certified Mail
Return Receipt Requested

Mr. Charles W. Schwarz
Alex C. Fergusson Company
Spring Mill Drive
Frazer, PA 19355

Re: Nonregulated Facility
Facility Name: Alex C. Fergusson Company
Facility Location: Spring Mill Drive
Frazer, PA 19355

Dear Mr. Schwarz:

The Environmental Protection Agency (EPA) has received Part A of a permit application pursuant to Section 3005 of the Resource Conservation and Recovery Act for the facility referenced above. The application does not demonstrate that the facility is one which is required to have a Federal permit under Section 3005 of the Act. Accordingly, the Agency is returning the application.

If you have any questions, please contact Joan Henry on 215/597-8751 or Bill Walsh on 215/597-1230.

Sincerely yours,

Shirley D. Bulkin
Chief, RCRA Administrative Support Section
Permit Enforcement Branch
Enforcement Division

Enclosure

RECORD OF COMMUNICATION

☒ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of item checked above)

TO:

Alex Ferguson Es

FROM:

Ja Henry

DATE

2/4/81

TIME

4 PM

SUBJECT

Nonregulated Facility

SUMMARY OF COMMUNICATION

I called Mr. Schwarz. His tanks may contain toxic effluent. They handle on a batch basis to neutralize to a pH 7 - add alum & polymer - this induces sedimentation. It is then pumped to tanks to where it is aerated. This takes 5 days. From the tanks it goes to a clarifier & then to a POTW. He said system is totally enclosed.

He wants to remain a generator in order to remove his sludge.

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

INTERNAL CHECKLIST

Installation's Name: *Alex C. Fergusson Company*
 IFA ID #: *PAD-00-226-8456*
 Date sent for missing info:
 Date returned:

ADMINISTRATIVE
 DATE:

Nov 1980 000547

I. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

(2) FORM ~~B~~ MISSING

B. POSTMARK after NOVEMBER 19, 1980

C. (1) DATE of OPERATION MISSING

(2) DATE of OPERATION after NOVEMBER 19, 1980

D. (1) NON-NOTIFIER

(2) NOTIFIED after AUGUST 18, 1980

E. (1) FORM 1, ~~XIII~~ B SIGNATURE

(2) FORM 3, IX B SIGNATURE

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Valid

Valid

2. A. HANDLER

B. NONREGULATED

C. UNSURE

D. UNKNOWN FACILITY
 (missing name and address on Form 3)

E. NEW FACILITY

F. CORE ITEM(S) MISSING

G. NON-CORE ITEM(S) MISSING

H. OTHER

Legend: checked indicates missing information

FORM 1 GENERAL	 ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION (Consolidated Permit Program) (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">F</td> <td style="width:10%;">P</td> <td style="width:10%;">A</td> <td style="width:10%;">D</td> <td style="width:10%;">0</td> <td style="width:10%;">2</td> <td style="width:10%;">2</td> <td style="width:10%;">6</td> <td style="width:10%;">8</td> <td style="width:10%;">4</td> <td style="width:10%;">5</td> <td style="width:10%;">6</td> </tr> </table>	F	P	A	D	0	2	2	6	8	4	5	6
F	P	A	D	0	2	2	6	8	4	5	6			
II. LABEL ITEMS (EPA I.D. NUMBER) (FACILITY NAME) (FACILITY ADDRESS) (FACILITY LOCATION)		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide the proper fill-in areas below. If the information is complete and correct, you need not complete items I, III, V, and VI (except V.F. which must be completed regardless). Complete items II, IV, and VI if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorization under which this data is collected.												

SPECIFIC QUESTIONS			MARK "X" IN			SPECIFIC QUESTIONS			MARK "X" IN		
YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED						
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X			B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X		
E. Does or will this facility store or dispose of hazardous wastes? (FORM 3)			X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing within one quarter mile of the well bore underground sources of drinking water? (FORM 4)			X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X			H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in-situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X			J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		

III. NAME OF FACILITY 1 ALEX C FERGUSON CO																					
IV. FACILITY CONTACT <table style="width:100%;"> <tr> <td style="width:60%;"> A. NAME & TITLE (last, first, & title) 2 SCHWARTZ CHARLES W </td> <td style="width:40%;"> B. PHONE (area code & no.) 215 647 3300 </td> </tr> </table>												A. NAME & TITLE (last, first, & title) 2 SCHWARTZ CHARLES W	B. PHONE (area code & no.) 215 647 3300								
A. NAME & TITLE (last, first, & title) 2 SCHWARTZ CHARLES W	B. PHONE (area code & no.) 215 647 3300																				
V. FACILITY MAILING ADDRESS <table style="width:100%;"> <tr> <td style="width:60%;"> A. STREET OR P.O. BOX 3 SPRING MILL DR. </td> <td style="width:40%;"> B. CITY OR TOWN 4 FRAZER </td> </tr> <tr> <td colspan="2"> C. STATE PA </td> </tr> <tr> <td colspan="2"> D. ZIP CODE 19355 </td> </tr> </table>												A. STREET OR P.O. BOX 3 SPRING MILL DR.	B. CITY OR TOWN 4 FRAZER	C. STATE PA		D. ZIP CODE 19355					
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D. ZIP CODE 19355																					
VI. FACILITY LOCATION <table style="width:100%;"> <tr> <td style="width:60%;"> A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 SAME </td> <td style="width:40%;"> B. COUNTY NAME CHESTER </td> </tr> <tr> <td colspan="2"> C. CITY OR TOWN 6 </td> </tr> <tr> <td colspan="2"> D. STATE PA </td> </tr> <tr> <td colspan="2"> E. ZIP CODE 19355 </td> </tr> <tr> <td colspan="2"> F. COUNTY CODE (if known) 01 </td> </tr> </table>												A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 SAME	B. COUNTY NAME CHESTER	C. CITY OR TOWN 6		D. STATE PA		E. ZIP CODE 19355		F. COUNTY CODE (if known) 01	
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C. CITY OR TOWN 6																					
D. STATE PA																					
E. ZIP CODE 19355																					
F. COUNTY CODE (if known) 01																					

VII. SIC CODES (see instructions)

C. FIRST (specify)										E. SECOND (specify)									
C. THIRD (specify)										E. FOURTH (specify)									

VIII. OPERATOR INFORMATION

A. NAME (specify)																				B. Is the name listed in Item VI? (specify)	
C. ADDRESS (specify)																				D. PHONE (area code & number)	
E. ZIP CODE (specify)																				F. INDIAN LAND (specify)	
G. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																					

X. EXISTING ENVIRONMENTAL PERMITS

A. PERMIT (Discharges to Surface Water)										B. PERMIT (Air Emissions from Proposed Sources)									
C. PERMIT (Underground Injection of Fluids)										D. OTHER (specify)									
E. PERMIT (Hazardous Waste)										F. OTHER (specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Blending cleaning compounds

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
CW SCHWARZ																				11/15/80									

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																			
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FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div><div>14</div><div>15</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div><div>14</div><div>15</div></div>	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete Item below.)

☐ 2. NEW FACILITY (Complete Item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.

MO.

DAY

72

73

74

75

76

77

78

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A, enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			GALLONS PER HOUR OR LITERS PER HOUR
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	CODE	UNIT OF MEASURE	UNIT OF MEASURE	CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	H	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
C														
DUP														
13 14 15														
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY					
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)						
X-1	S 0 2	600	G		5									
X-2	T 0 3	20	E		6									
1	S 0 2	60	U		7									
2					8									
3					9									
4					10									

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY												
W															W												
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15															1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
A. EPA HAZARD WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE													C. UNIT OF MEASURE (enter code)		D. PROCESSES										
																	1. PROCESS CODES (enter)										2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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2																											
3																											
4																											
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E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VL PHOTOGRAPHS

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

VII. FACILITY GEOGRAPHIC LOCATION

VIII. FACILITY OWNER

☒ **A.** If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

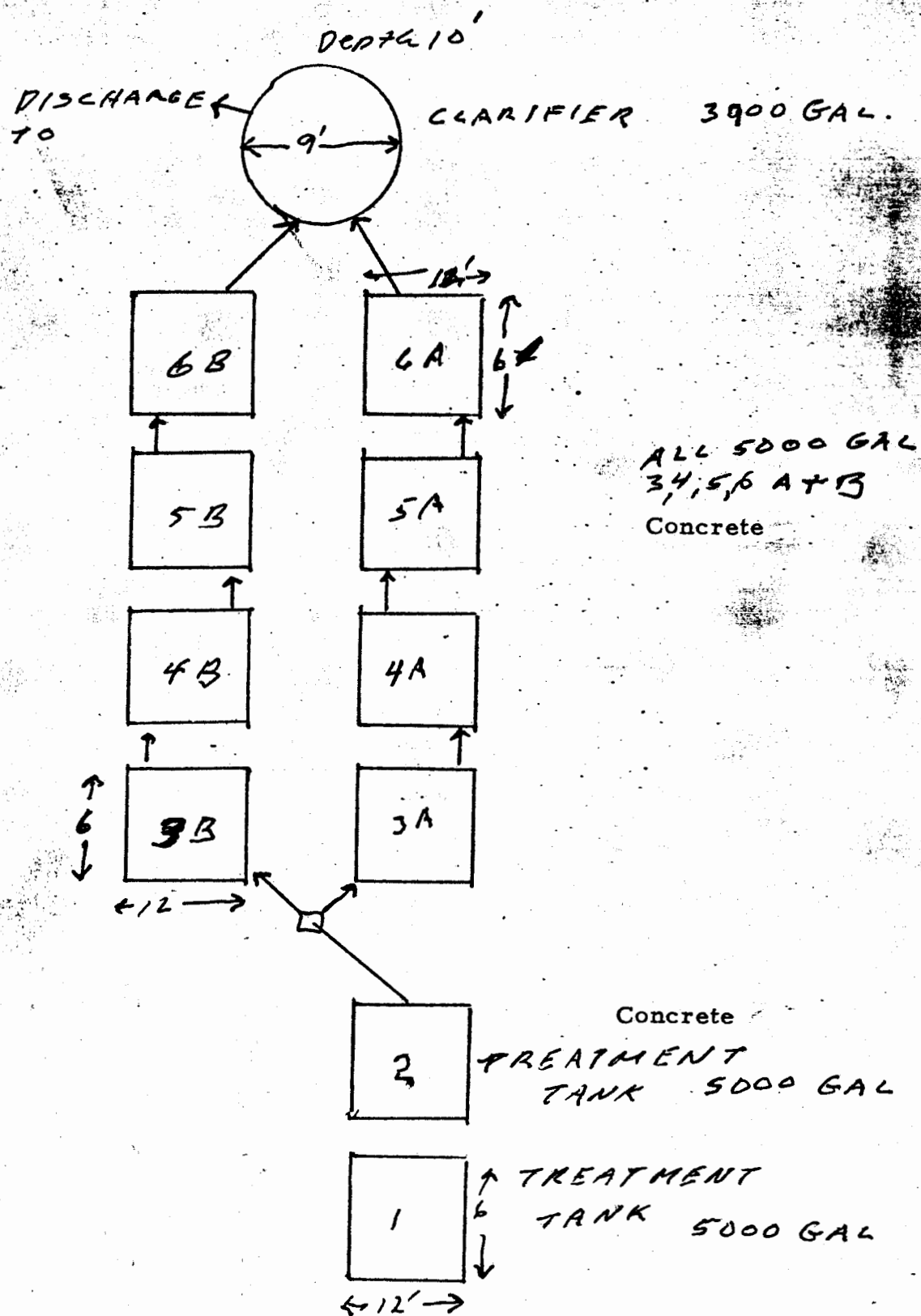
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

EPA Form 3510-3 (6-80)



Alex C. Ferguson



ENVIRONMENTAL HAZARDOUS WASTE DATA FACILITY INVENTORY

CARD CODE	FACILITY IDENTIFICATION NUMBER												TRANS CODE	CARD NO.	NOTIFICATION APPROVAL	DATE NOTIFIED	PERMIT APPLICATION APPROVAL	DATE PART A PERMIT REC'D	FACILITY NAME								
F	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	22	23	24	29	30					
FACILITY CONTACT NAME/POSITION																							ARI				
F	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	22	23	24	29	30					
MAILING ADDRESS																							45	46			
F	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	22	23	24	29	30					
MAILING CITY																							STATE				
F	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	22	23	24	29	30					
FACILITY ADDRESS																							40	41	42	43	46
F	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	22	23	24	29	30					
FACILITY CITY																							STATE				
F	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	22	23	24	29	30					
NEW SIC																							OLD SIC				
F	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	22	23	24	29	30					
FACILITY OWNER'S NAME																											
F	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	22	23	24	29	30					

Office: 1986-0861 :001337

11/1/86



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD 00 226 8456

Alex C. Fergusson Inc.
Spring Mill Drive
Frazer, PA 19355
ATTN: Mr. Charles Schwarz

INSTALLATION ADDRESS

Spring Mill Drive
Frazer, PA 19355